

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)	
Title of Invention	PRESSURE GENERATING UNIT
As the below named inventor(s), I/we declare that:	
This declaration is directed to:	
<input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> Application No. <u>PCT/EP2004/003328</u> filed on <u>03/29/2003</u> <input type="checkbox"/> as amended on _____ (if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application including the claims as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application	
All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon	

FULL NAME OF INVENTOR(S)	
Inventor one:	<u>Norbert HESKE</u>
Signature:	<u>[Signature]</u> Citizen of: <u>Germany</u>
Inventor two:	<u>Thomas HESKE</u>
Signature:	<u>[Signature]</u> Citizen of: <u>Germany</u>
Inventor three:	_____
Signature:	_____ Citizen of: _____
Inventor four:	_____
Signature:	_____ Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	Not Yet Assigned	
	Filing Date	Concurrently Herewith	
	First Named Inventor	Norbert HESKE	
	Title	PRESSURE GENERATING UNIT	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
	Attorney Docket No.	297912005700	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25224

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City State Zip


Country Telephone Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	14. Sept 05
Name	Norbert Heske	Telephone	
Title and Company Applicant/Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		Not Yet Assigned	
	Filing Date		Concurrently Herewith	
	First Named Inventor		Norbert HESKE	
	Title	PRESSURE GENERATING UNIT		
	Art Unit	Not Yet Assigned		
	Examiner Name	Not Yet Assigned		
		Attorney Docket No.		297912005700

I hereby revoke all previous powers of attorney given in the above-identified application.
I hereby appoint:

☒ Practitioners associated with the Customer Number: 25224

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip
Country	Telephone	Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Thomas Heske</i>	Date	Sept. 15, 2005
Name	Thomas Heske	Telephone	
Title and Company Applicant/Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.